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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-12-0607]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

The National Violent Death Reporting System (NVDRS) - [OMB# 0920-0607, Expiration 11/30/2012] - Revision - National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Violence is an important public health problem. In the United States, homicide and suicide are the second and third leading causes of death, respectively, in the 1-34 year old age group. Unfortunately, public health agencies do not know much more about the problem other than the statistics and the sex, race, and age of the victims; all information obtainable from the standard death certificate. Death certificates, however, carry no information about key facts necessary for prevention such as the relationship between the victim and suspect and the circumstances of the deaths, thereby making it only possible to discern the gross contours of the problem. Furthermore, death certificates are typically available 20 months after the completion of a single calendar year. Official publications of national violent death rates, e.g. those in Morbidity and Mortality Weekly Report, rarely use data that is less than two years old. Public health interventions aimed at a moving target last seen two years ago may well miss the mark.

Local and Federal criminal justice agencies such as the Federal Bureau of Investigation (FBI) provide slightly more information about homicides, but they do not routinely collect standardized data about suicides, which are in fact much more common than homicides. The FBI's Supplemental Homicide Report system (SHRs) collects basic information about the victim-suspect relationship and circumstances, however it does not link violent deaths that are part of one incident such as homicide-suicides. It also is a voluntary system in which some 10-20 percent of

police departments nationwide do not participate. The FBI's National Incident Based Reporting System (NIBRS) addresses some of these deficiencies, but it covers less of the country than SHRs, includes only homicides, and collects only police information. Also, the Bureau of Justice Statistics Reports do not use data that is less than two years old.

CDC therefore proposes to continue a state-based surveillance system for violent deaths that will provide more detailed and timely information. It taps into the case records held by medical examiners/coroners, police, and crime labs. Data is collected centrally by each state in the system, stripped of identifiers, and then sent to the CDC. Information is collected from these records about the characteristics of the victims and suspects, the circumstances of the deaths, and the weapons involved. States use standardized data elements and software designed by CDC. Ultimately, this information will guide states in designing programs that reduce multiple forms of violence.

Neither victim families nor suspects are contacted to collect this information. All data comes from existing records and is collected by state health department staff or their subcontractors. Health departments incur an average of 2.0 hours per death to complete data collection. This is the time required to identify the deaths from death certificates, contact police and medical examiners to get copies of or to view the relevant records and enter the information into the database. Public agencies working with NVDRS states incur an average of 0.5 hours per death to retrieve and then refile records.

This revision provides updates to the coding manual which reflects improved guidance to system users for coding information to be entered into the system. The improved coding guidance in the manual ensures that data is consistently entered across users.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 67,500.

Estimated Annualized Burden Hours

Type of respondents	Form Name	Number of Respondents	Number of responses per Respondent	Average burden per Response (in hours)
State Health Departments	Completion of case abstraction	27	1,000	2.0
Public Agencies	Retrieving and refile records	27	1,000	30/60

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